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ABSTRACT

An art therapist describes her work with sixty residents (6-35 years old) in a treatment center for mentally handicapped and emotionally disturbed persons. The author discusses definitions, translations, and therapeutic approaches of art therapy. Goals are listed for each approach, and the planning of art activities to meet these goals is addressed. The author then details art activities based on specific goals which apply to each approach. Descriptions of the activities include information on population, background, primary goal, secondary goals, setting, materials, assessment, and future therapeutic planning. It is explained that a selection of an approach is based on student reaction to the art materials, student involvement with the material, and student expression of feelings (verbal or nonverbal) through their art work. Goals are seen to fall into behavioral (responding and trusting, reacting and changing, learning and participating, planning and producing); developmental (perceptual motor and fine motor development); and emotional areas (building out, revealing, and integrating). (CL)

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"Working Toward Therapeutic Goals in a Residential Treatment Center for the Mentally Handicapped"

BY,

Marlene Levinson

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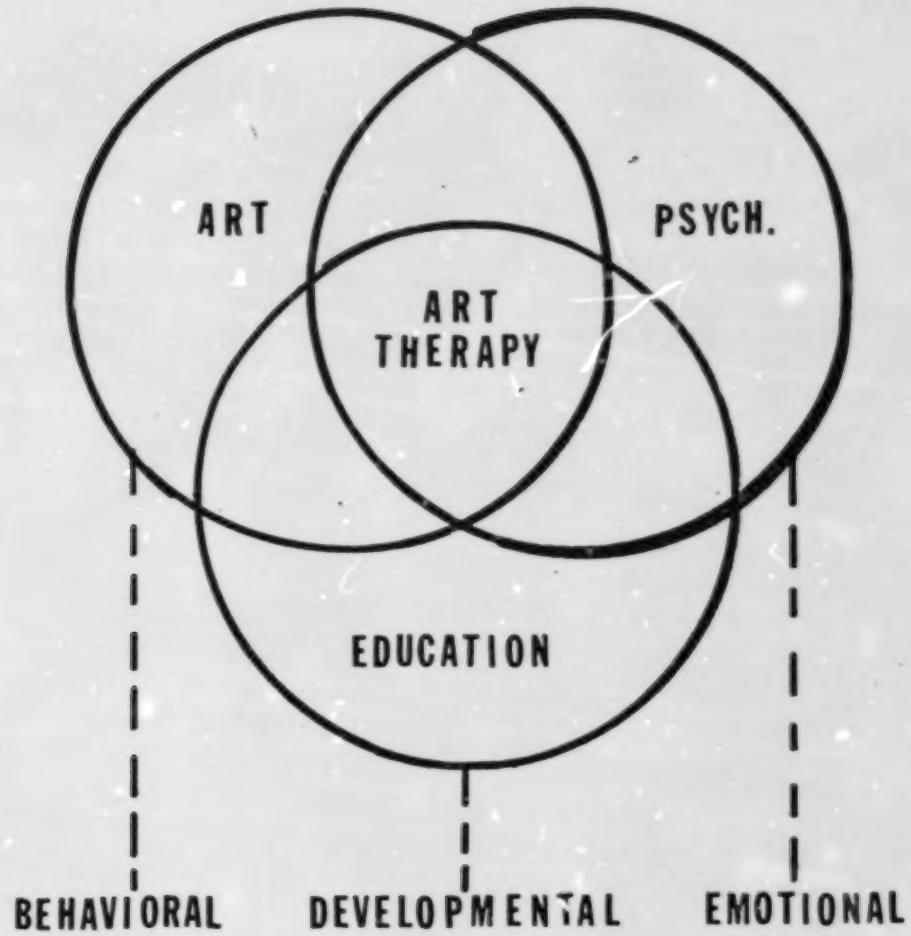
INTRODUCTION

I work as a full-time art therapist at Little City, a residential treatment center for the mentally handicapped and emotionally disturbed. Out of the one hundred seventy residents at Little City, sixty are actively involved in the art therapy program. Their ages range from six to thirty-five, and their intellectual functioning ranges from profoundly retarded to dull normal. I work autonomously as a department within an adjunctive therapy team.

In this presentation I plan to illustrate, through slides, an overview of my total approach to working toward specific goals with such a varied population. First, I will describe how art therapy is defined, translated, and separated into therapeutic approaches. Second, I will apply a list of goals to each approach and explain how these goals are combined to plan relevant art activities for each session. Third, I will illustrate art activities based on specific goals which apply to each approach. (The slides will show the students engaged in the art activities and their finished products.) In conclusion, I will discuss how this program benefits the students within the setting, and how pinpointing specific goals helps communication within the therapeutic milieu.


ART
PSYCH.
ART
THERAPY
EDUCATION
BEHAVIORAL
DEVELOPMENTAL
EMOTIONAL

#1

BEHAVIORAL GOALS

I. Modifying exhibited Behaviors
- A. Responding and Trusting
  - 1. Attention Span
  - 2. Motivation
- B. Reacting and Changing
  - 1. Hyperactivity
  - 2. Hypoactivity
  - 3. Anxiety Toward Activity
  - 4. Reaction to Stress
- C. Learning and Participating
  - 1. Following Instructions
  - 2. Interaction with Peers
  - 3. Interaction with Authority
- D. Planning and Producing
  - 1. Cooperation

DEVELOPMENTAL GOALS

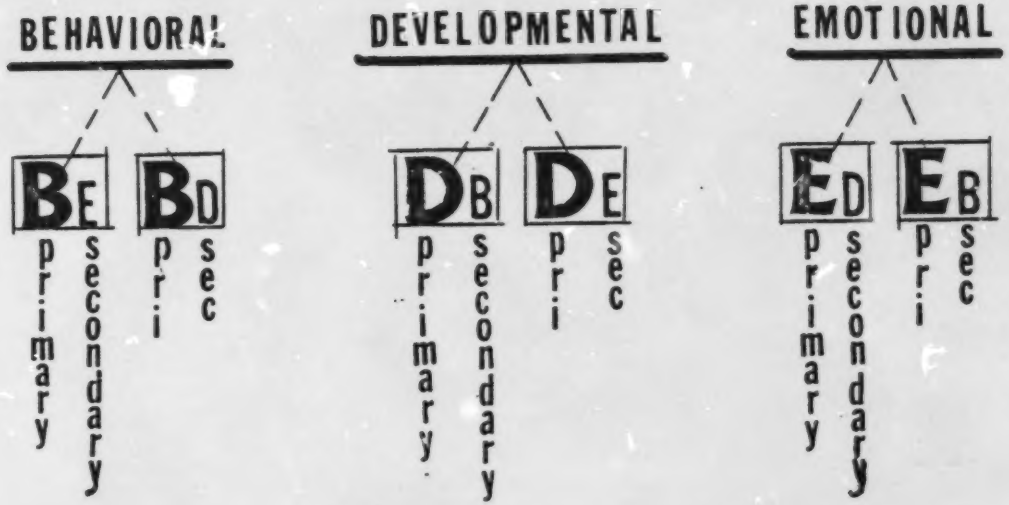
I. Perceptual Motor Development (Mental Skills)
- A. Sensory Motor Development
  - 1. Laterality and Bilaterality
  - 2. Directionality
  - 3. Tactile - Kinesthetic Awareness
  - 4. Motor Planning
  - 5. Eye-Hand Coordination
- B. Visual Perception
  - 1. Form Discrimination
  - 2. Size Discrimination
  - 3. Perceptual Consistency
  - 4. Figure-Ground Discrimination
  - 5. Parts to Whole Relationships
  - 6. Spacial Relationships
  - 7. Awareness of details
- C. Cognitive Development
  - 1. Association
  - 2. Sequencing
  - 3. Time Concepts
  - 4. Number Concepts
  - 5. Measuring Skills
  - 6. Learning Body Parts
- D. Language Development
  - 1. Receptive Language
  - 2. Expressive Language
  - 3. Written Language
  - 4. Smybolic Expression

II. Fine Motor Development (Motor Skills)
- A. Line Control
  - 1. Forming Shapes
- B. Hand Control
  - 1. Cutting
- C. Media Control
  - 1. Appropriate Use of Materials
  - 2. Combining Materials
  - 3. Learning a Process

EMOTIONAL GOALS

I. Character Development
- A. Building Out
  - 1. Self Identity
  - 2. Self Esteem
  - 3. Body Image
  - 4. Intrapsychic Exploration
- B. Revealing
  - 1. Identity in the community
  - 2. Expressing Affect
  - 3. Role Playing
  - 4. Reality/Fantasy
  - 5. Expressing Conflict
  - 6. Exploring Family Relations
- C. Integrating
  - 1. Maturation
  - 2. Creative Problem Solving
  - 3. Resolving Conflict
  - 4. Defining Roles

#2


BEHAVIORAL
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-- LIGHTS OFF --

THEORY

(# 1) Art Therapy is an integral part of art, education and psychology. These three areas are translated into behavioral, developmental, and emotional approaches. Art, a behavioral approach, utilizes the process of controlling the art materials to modify observable behaviors. Education, a developmental approach, involves the improvement of fine motor and mental skills to foster intellectual development. Psychology, an emotional approach, involves the expression of needs and feelings to facilitate character development and emotional stability.

(# 2) Incorporated within each category is an ongoing list of goals. Each goal follows a general pattern of development within its category. Behavioral goals, which emphasize the modification of exhibited behaviors, fall under the heading of: Responding and Trusting, Reacting and Changing, Learning and Participating, and Planning. Developmental goals, which emphasize the improvement of perceptual motor skills and fine motor skills, fall under the headings of: Sensory Motor Development, Visual Perception, Cognitive Development, Language Development, Line Control, Hand Control and Media Control. Emotional goals, which emphasize character development, fall under the headings of: Building Out, Revealing and Integrating.

(# 3) Each category is further divided into two, making up six therapeutic approaches. Each approach combines a specific primary of "Target" goals with a specific secondary or "Supportive" goal by which to plan relevant art activities for each therapeutic approach.

APPLICATION

When deciding which of the six approaches to plan for which students, three factors were considered. First, how did the students react to the art materials? Second, what did the students do with the art materials? Third, what feelings did the students express through their art work, whether it be on a verbal or non-verbal level?

Basic patterns became clear. Those students who had difficulty controlling their media needed to work on behavior goals such as increasing a short attention span, or decreasing a poor reaction to stress. Those students who were unable to produce anything of substance due to lack of abilities needed to work on developmental goals such as improving eye-hand coordination or understanding spacial relationships. Those students who expressed flat or inappropriate affect needed to work on emotional goals such as building self-esteem or resolving conflict.

After observing students in these three ways, a primary goal was chosen which would target their weakest areas. A secondary goal was then chosen which would support their strongest areas. These goals were combined to plan relevant art activities for each student, and applied to a therapeutic approach.

ILLUSTRATION

I will now illustrate, through slides, the students engaged in art activities planned under each therapeutic approach. First, I will describe the general focus of each approach. Then, I will state the population involved in the activity, background information, the primary and secondary goals chosen, the setting, the materials used, and the art activity planned to meet the previously stated goals. An assessment of the total response to each approach will conclude the illustration with a suggestion for continued therapeutic planning.

Be (#) The focus of this approach is on modifying behavior through a personal experience with the art process. Close involvement with the art therapist or other members of the group is encouraged. Activities are planned to stimulate interaction. Communication is emphasized.

POPULATION: Two brothers. Jimmy, eleven, hyperactive, preoccupied, mildly retarded. John, fifteen, hypoactive, spacey, moderately retarded.

BACKGROUND: (#) John and Jimmy were admitted to Little City at the same time. During that time, and for the next two years, they showed little to no interest in each other. I had been seeing John individually for the entire two years, and had seen Jimmy on and off in different groupings. Through a staffing I found out that the two brothers were openly showing interest in each other during their free time in social activities. I decided to put them together and utilize their interest in each other to uncover feelings about their family situation, and work on modifying their behaviors.

PRIMARY GOALS: Behavioral. Jimmy, hyperactivity. John, hypoactivity. Both, communication.

SECONDARY GOALS: Emotional. Both expressing affect, exploring family relations.

SETTING: (#) Focus on front wall of art therapy room. Freedom to move around in space. First session.

MATERIALS: Large paper, overhead projector, large multi-colored crayons.

ART ACTIVITY: (#) Place large piece of paper on wall. Shine overhead projector on paper. First volunteer stands between projector and paper, posing in any way desired. Second volunteer traces shadow of first person. (#) First person then traces shadow of second person. (#) Both members then choose their favorite colors and fill in their silhouettes. Where overlapping occurs, colors will combine. Give title to picture.

ASSESSMENT: (#) Much to my surprise, the cooperation was there. The two brothers became very involved with each other. The process, supported by the boys' interest in each other, helped to modify their behaviors. As Jimmy, who was hyperactive, stood while John was tracing his shadow he had to be very still so his shadwo would not move. John, who was hypoactive, had to work quickly because Jimmy kept saying "Hurry up, John, I'm getting stiff." (#) In discussing the final product with the boys, Jimmy complained that John made his lips look funny. John commented, "Yeah, cause you kept talking." This led to a discussion about how Jimmy talked so much when they lived at home and how John could never get his say.

CONTINUED THERAPEUTIC PLANNING: Many issues came up during this activity which could be explored in the following ways: (1) What is the significance of the overlapping figures? Will it happen on other drawings? (2) Exaggerate different aspects - such as the lips - and explore the meaning of the title "Kissing Brothers."

(3) Give mobility to the process. (#) Have them trace each other in a variety of different postures, (#) then cut them out and use them dynamically in different groupings to stimulate discussion of different aspects of their relationship.

Bd (#) The focus of this approach is listening, following directions, and functioning within a group. Activities are highly structured and designed to develop a variety of skills. Participation and control are emphasized.

POPULATION: Male, adult, aggressive behavior, emotionally disturbed, moderate retardation.

BACKGROUND: Steve and Sherwin constantly seek negative attention. They show up late, refuse to participate, get verbally aggr ssive, complain the can't do anything, and tease each other. These manipulative behaviors are often used to avoid situations. I decided to plan very concrete activities which would enable them to understand what they were doing and force them to pay attention to the task at hand.

PRIMARY GOAL: Behavioral. Attention span, reaction to stress, following instructions.

SECONDARY GOALS: Developmental. Form discrimination, learning body parts.

SETTING: (#) Small group of two bo·n seated at same table within art therapy room.

MATERIALS: Colored construction paper, scissors, paste, yarn crayons.

ART ACTIVITY: Each member of the group received six sheets of colored paper, paste, scissors, one large sheet of white paper, scraps of yarn and a box of crayons - prepared ahead of time, giving them exactly what they will need for the entire activity.

Each sheet of colored construction paper will have a different simple shape on it. The shapes are to be cut out and pasted down to form a simplified human form. There must be a completed figure that members can use as a guide. Colors for each part of the body correspond. Demonstrate the sequence of head, neck, body, arms, legs, hands, and feet. The yarn is for hair, and the crayons are for face details, clothing, and background if desired. When member completes project, have him name all parts of the body, and show where that part is on himself.

ASSESSMENT: (#) Behaviors interfered with this activity. Steve was late, and refused to sit still. Sherwin immediately grabbed the scissors and threatened to stab himself. Both were arguing, teasing, and seeking negative attention to avoid the activity. (#) I finally had to put a divider between them and manipulate them into their own seats by warning them they would not be allowed to return to art therapy the following week. When they settled down, and attended to the task, they did reasonably well. I needed to remind them to keep looking at what color went in which place. As they were controlling their materials, they were definitely more in control of their behavior.

FUTURE THERAPEUTIC PLANNING: (#) I feel working on similar activities using parts-to-whole relationships within the activity is an effective technique for this group. I may have the pieces pre-cut for the next session to simplify the process and help modify their initial anxiety toward the activity.

Db (#) In this approach, building skills is the focus. The skills are taught in a group or in a tight individual structure to encourage socialization and support the learning process. The need to experience individual success in a group, to share, and to accept limits are emphasized.

POPULATION: Male, ages fifteen to twenty-eight, severely retarded.

BACKGROUND: (#) All members of this group live under strict behavioral controls. They work all day in a sheltered workshop screwing nuts onto bolts. Their living situation and social activities follow a consistent, predictable daily routine. (#) I decided to use a behavioral structure (which they are used to) within which to teach them skills. When testing their abilities, they all responded to drawing various shapes by scribbling or continually making circles. I decided to try and teach them how to draw a triangle.

PRIMARY GOALS: Developmental. Eye-hand coordination, number concepts, forming shapes.

SECONDARY GOALS: Behavioral. Attention span, motivation, interaction with peers, following instructions.

SETTING: (#) Small group of three, all seated at one table within art therapy room, highly structured behavioral limits.

MATERIALS: One black crayon, 30 sheets of white 9" x 11" paper, 3 sheets 18" x 24" white paper, a variety of markers.

ART ACTIVITY: Give each student 10 sheets of white paper. Each paper has three dots on it. Have each member of the group, one at a time, connect the dots to form a triangle. (#) After he has completed his triangle, he will pass his crayon to the next person to his right and place his finished triangle in the box. As each member draws his triangle, he will count to three as he forms the three sides of the triangle. All members of the group count along with the person who has the crayon. (#) After all sheets have been completed the members are rewarded with a large sheet of paper and a variety of colored markers. When given these materials to draw with, it is considered free time.

ASSESSMENT: To form a triangle one has to be able to draw oblique lines. The oblique line (which develops after the verticle and horizontal line) appears at approximately six to seven years. (#) Davey has successfully mastered this skill even though his psychological development is 3½ years. It is difficult to tell if this isolated skill will improve his conceptual thinking in any other area. It is clear, however, that he understands that he has accomplished this task and is very proud of his new ability. It was reported to me from his shelter workshop supervisor that when a birthday card was passed around for everyone to sign, most signatures were little circles or scribbles, while Davey put a triangle. (#) The other members of the group are not yet capable of drawing triangles without dots. They have, however, increased their

attention span and show more awareness of others in the room.

(#) I have just noticed recently, another member of the group has definite triangular forms emerging from his scribbles drawn during free time.

FUTURE THERAPEUTIC PLANNING: I plan on continuing with the triangle so those who have not accomplished the skill can learn it, and those who have succeeded in learning the skill can retain it. Possibly for motivation, a variety of materials could be introduced into their reinforcement or "free time" to offer some freedom of choice.

De (#) In this approach building on skills already learned is the focus. Built-in success aids self-esteem in many of the activities. The need to feel good about oneself in order to work up to one's potential is the emphasis.

POPULATION: Female, adolescent, mild retardation, emotionally disturbed.

BACKGROUND: (#) All of these girls are going through a rough time in their lives. Compounded with the innate conflicts of adolescents, are their separations from family and fragile egos due to past social and academic failures. Dealing directly with their emotional problems can be threatening, and often reinforces a negative self-image. I decided to plan a series of activities (combining materials they already know) in interesting fail-proof projects to promote a positive self-image through a successful experience.

PRIMARY GOAL: Developmental. Appropriate use of art materials, associative skills.

SECONDARY GOALS: Emotional. Self-esteem, inner exploration.

SETTING: Small group of three, working at same table within art therapy room. Same materials given to all.

MATERIALS: 18" x 24" white paper, matt board, multicolored chalk, water in a cup.

ART ACTIVITY: (#) Place chalk in water, let soak for 30 seconds, then draw/paint a picture of whatever you like. Let picture dry and matt it. Pin pictures up one at a time and describe to the group what the picture is and what colors you used.

ASSESSMENT: (#) Chalk in water does two things. It produces an exciting kinesthetic experience, and is a good transition from drawing to painting. The process is fluid yet the controls of drawing are still there. (#) The activity was enjoyed and completed by all. (#) As each girl recited the colors she used in her picture to the group she was able to speak freely and easily while being listened to and understood by her peers. As each girl spoke on the content of her picture, emotional issues surfaced. Pam said, "My butterfly is happy, because instead of being alone, he's in a world of different colors." (#) Cleo said, "The duck was in the pond and drowned in the water because he couldn't find a friend to play with." She then titled her picture The Duck With No Name. (#) Val titled her picture Zigzags and Dull Colors, and had no further comment to make.

FUTURE THERAPEUTIC PLANNING: (#) For short-range future planning I feel the continuation of success oriented activities is still needed to build ego strength. For long-range planning, after trust has been established, Pam's butterfly and Cleo's duck could be drawn in other situations to illuminate the issue of isolation. How might the duck find friends? Where might the butterfly go when it feels alone? Val got a reaction from the others when she described her picture as dull colors. They thought the colors looked very bright. The issue of reality arose. Possibly each girl could draw herself in a situation they had all participated in, and describe the situation as they saw it. How might each girl's perspective differ, and could they accept another person's point of view?

Ed (#) This approach focuses on motivation and personal needs. The activities are designed to encourage and develop personal style and interests. Students may be placed in a group, however, autonomy within the group is encouraged. Building awareness, self-worth, and confidence is emphasized.

POPULATION: Male, adolescent, moderate and borderline retardation, emotionally disturbed.

BACKGROUND: This group is made up of three boys who have very different problems and needs. The common factor is that they all enjoy getting involved in their own work, and can work independently for given lengths of time. (#) When Tony first came to art therapy it was apparent that he had previous positive experiences with art. His reports stated he had a history of academic and social failures. (#) Derrick came from Audi Home where he had found success making a variety of craft items. His reports stated delinquent behavior in the community. (#) John was referred to art therapy from a staffing where it was reported he needed a motivating area as he was becoming lethargic. (#) I decided to help each student get involved with and learn how to work successfully with the media of their choice.

PRIMARY GOALS: Emotional. Self-identity, self-esteem, body image.

SECONDARY GOALS: Developmental. Combining materials, learning a process, parts-to-whole relationships.

SETTING: Freedom to work independently in all areas of art therapy room.

MATERIALS: Choice of a variety of craft and fine arts materials.

ART ACTIVITY: Clay sculpture, plaster casting, designing puzzles. (All members were given the freedom and choice to learn the uses of whatever materials or projects interested them.)

ASSESSMENT: It is difficult to assess this group because they are continually changing. (#) Tony has spent a lot of time learning about clay. This latest creation was the clay head of a baseball player named Bob. (#) Derrick has been making plaster molds and painting them. He does the entire process on his own, and uses the finished plaques to decorate his room. (#) John has been putting together puzzles and is now working on making his own puzzles. All the boys have spent time drawing and painting. Personal issues repeat themselves through these pictures. (#) Tony is often among ghosts and haunted houses. (#) Derrick recreates the hotel in which he once set a fire. (#) John is often equipped with super-human powers.

FUTURE THERAPEUTIC PLANNING: (#) Within this approach therapeutic planning could go in two directions. I could have a more active part in each boy's fantasies by creating activities using the symbols within their work. I could also continue the supportive teacher role, and allow them to work through their conflicts spontaneously and independently. A lot depends on how they continue to structure their own work.

Eb (#) This approach focuses on personal interests and expression. Art activities are structured, and the same instructions are given to all. The ability to make a personal statement within the support of a tightly structured activity is the emphasis.

POPULATION: Male and Female, young adult, moderate retardation behavior problems, character disorders.

BACKGROUND: Mary Jo, Bill and Sheri are motivated by art, and have been coming to art therapy for year. The common problem in this group was the stereotyped art they produced. When given unstructured time the responded in these ways. (#) Mary Jo was withdrawn, produced compulsive, rigid geometric designs. (#) Bill, who was aggressive on cottage and immature, produced schematic simplistic drawings of objects such as a ball or a house. (#) Sheri, who was pesty, noisy and bossy to peers, produced messy, disorganized pictures which filled the whole paper and then some of the table, too. (#) I felt they needed a structured activity which would encourage them to break out of their set patterns, and express some personal identity.

PRIMARY GOALS: Emotioanl. Body image, self-identity.

SECONDARY GOALS: Behavioral. Reaction to stress, anxiety toward activity.

SETTING: Small group of three, all seated at the same table with freedom to move around the room at will.

MATERIALS: (#) Clay, paint, string, cloth, needle and thread, cardboard box, variety of found objects.

ART ACTIVITY: Make a clay marionette. Sew clothes for the puppet. Place the puppet within an environment of your choice.

ASSESSMENT: (#) This activity has been going on for over a year. All three started out with identical cardboard patterns from which to form their puppets. When they were given the choice of materials to use for clothing and hair, individual identity emerged. (#) When I gave them a box and asked them where they would like their puppets to be they had no trouble deciding on an environment to create. It seemed the identity of the puppet had been clearly established in everyone's mind. (#) Bill siad, "This is me. I am in the barn. I used to go in the barn at my old camp."

(#) Mary Jo said, "My puppet is me. I'm going to be in the church. I played the organ at my church at home. That made me happy." (#) Sheri said, "This is Sandy, she's a puppet. She dances the ballet on stage."

(#) When I asked Sheri if she ever wanted to be a dancer she said, "Oh, no, just Sandy likes the stage."

(#) When I asked Bill and Sheri to let their puppets talk to each other, Sheri became visibly upset and kept repeating, "Sandy cannot talk she can only cry."

It seems that Sheri has neither recognized the part of her which seeks attention, (like Sandy the dancer), nor directly exposes the part of her which is fearful and unable to speak.

FUTURE THERAPEUTIC PLANNING: I may have Sheri make another puppet of herself, and have the two puppets do everything to-

gether to foster personality integration and, Sandy may no longer be needed.

For the group I could continue with this approach by progressing to the goals of identity in the group, role playing, and interaction with peers. In planning activities for those goals I might have each puppet visit another puppet's environment, have everyone be each other's puppet, or create a new environment in which they could all visit together.

- LIGHTS ON -

CONCLUSION

The essence of being an adjunctive therapist is being part of a team. Accumulating information on how students are functioning in all aspects of their lives is reflected in any experience that students may have in art therapy. By focusing on specific behaviors, skills, or emotional problems, I can more accurately contribute a piece of the puzzle which fits into the total therapeutic picture for a given student. Therefore, being an autonomous but connected link in a therapeutic chain not only gives added strength to the individual student, but helps communication and continuity within the total therapeutic milieu.

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